

CLAIMS ONLY						Application Number <u>10621292</u>	Filing Date			
						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	*Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			5				Total Indep			
Total Depend			26				Total Depend			
Total Claims			26				Total Claims			